



SCARS

Date: _____

P.O Box 720993
Norman, OK 73070-4769

Callsign: _____

Name: _____
(Last) (First)

Address: _____
(Street #) (Street Name) (Apt / Unit #)

(City) (State) (Zip Code)

Phone: () _____ Home
() _____ Cell
() _____ Other

Do you want your phone number listed on the club roster (password protected)?
 YES NO

If you check "yes", please check the box next to the phone number you want listed on the roster.
Only one phone number per person.

Email: _____ @ _____

Do you want your email address listed on the club roster (password protected)?
 YES NO

<p style="text-align: center;">Please Select Membership Type (Please Make Checks Payable to SCARS)</p> <p><input type="checkbox"/> One Individual Membership \$25.00 / Year</p> <p><input type="checkbox"/> One Family Membership \$26.00 / Year</p>	<p style="text-align: center;">ARRL Member? To join, visit www.arrl.org</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Additional Family Members (If Applicable)

Name / Callsign (If Applicable)	Email	Phone #

(PLEASE USE BACK FOR ADDITIONAL FAMILY MEMBERS)

Note: All memberships expire at the end of each calendar year. New members joining mid-year will have due prorated at \$2.00 / month for the remainder of the year they join.

BELOW FOR ADMINISTRATIVE USE ONLY

	2016	2017	2018	2019	2020	2021	2022	2023
Cash								
Check								
Amount								